



COMMERCIAL GENERAL LIABILITY APPLICATION

Company Name DBA	License # FEIN	Nature of Business
Business Address: City, State, Zip	Mailing Address: City, State, Zip	Nature of Business Inside work ____% Outside work ____%
Telephone Number	Contact Name	E-Mail
Current Carrier	Current Policy Number	Years in Business

Policy Information	
Deductible for BI \$ _____ for PD: \$ _____	Aggregate Limit <input type="checkbox"/> per policy \$ _____ <input type="checkbox"/> per location \$ _____
Endorsements Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____	

Construction Operations							
General Contractor	_____%	New Construction	_____%	Commercial	_____%	Multi-Family Housing	_____%
Subcontractor	_____%	Structural Remodeling	_____%	Industrial	_____%	Petro/Chem Refineries	_____%
Owner Builder	_____%	Non-Structural Remodeling	_____%	Residential	_____%	Oil/Energy/Fracking	_____%
	_____%	Repair/Service	_____%			Airport	_____%
						Hospital	_____%
						Removal of Lead	_____%
						Removal of Asbestos	_____%
						Removal of Mold	_____%
Total	100%	Total	100%	Total	100%	Total	100%

Safety Training	
Supervisor OSHA Training: <input type="checkbox"/> 10 Hr. <input type="checkbox"/> 30 Hr.	Formal safety plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Site safety inspections: <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident / incident reporting system: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Safety Meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	

Year	Direct Payroll	Sub-Contract Costs	Gross Sales
Current (Estimated)	\$	\$	\$
2016	\$	\$	\$
2015	\$	\$	\$
2014	\$	\$	\$
2013	\$	\$	\$
2012	\$	\$	\$